

State of Washington RECEIVE

For Ecology Use

Application for a Water Right SEP 25 2006

Please follow the attached instructions to avoid unnecessary delay of ECOLOGY

EASTERN REGIONAL OFFICE

Section 1. APPLICAN				MAXMAMANANANANANANANAMAMANANANANANANANAN
Name Rick L K				
Mailing Address 59/0				00
City Spokane	State Zip+4	23+ FAX:(
Section 2. CONTACT Same as above	- PERSON TO CAL	LABOUT THE AR	PPLICATION	
Name		Home Tel:(· · · · · · · · · · · · · · · · · · ·
Mailing Address		Work Tel:(
City	State Zip+4	+FAX:(
Relationship to applicant				
Section 3. STATEME! The applicant requests a permit of cubic feet per second) from a permit of Demestic Supply— DESCRIPTION OF THE PLANE Sufficient.	to use not more than Surface water source or I Muman San, fa CE OF USE. (See instruct	ground water source (cl fon AT ions.) NOTE: A tax parc	(Deallons per mineck only one) for TACH A "LEGA" tel number or a pla	the purpose(s) L'' t number is not
Estimate a maximum annual qua	antity to be used in acre-feet	per year: 15,000 ga	.llons/year	Joures
☐ Check if the water use is p	proposed for a short-term pro	ject. Indicate the period of	of time that the wat	er will be needed:
From/	/ to//_			
Section 4. WATER SC	DURCE	parcel #	'S	
If SURFACE WATER		William Control of the Control of th		
Name the water source and ind lake, etc. If unnamed, write "u stream," etc.: Pend Oreill	nnamed spring," "unnamed	RIUC; Nar 45323		Ac .55
Number of diversions:		- 3	0002	.73
Source flows into (name of boo Columbia Riv-			0003	1.81
LOCATION		9-26-2006 p	ze Assesor	
Enter the north-south and ea section corner:	st-west distances in feet fr 30' E of W/4 cor		Kary	nearest
			If location of source i	
¼ of ¼ of Section	on Township Range(E/W	County	Lot Block	w: Subdivision
GOVT 3 30	32N 45EW.	n Pend Oreille	St. L DI II.	Griffith
	9 - 25 - 2006 Prior icense # By Date	ity Date: Dept. Of Health # Returned B	yWRIA:	6P

ECY 040-1-14 Rev. 7/97 * * f APPLICATION

CC: WDFW - Low flow USBR - PLEASE YR

\$3-30523 Appl. No.:

A.	Name of system, if named:
B.	Briefly describe your proposed water system. (See instructions.)
	Submersible 1/2 horse pump drawing from Pend Oveille River, Pump connected to sediment dilter and bladder tank
	Kiver. Pump connected to sediment dilter and bladder tank
	approximately 25 Seet above pump. Distribution system from bladder tank to Park Model RV (88') and trom to Travel Trailer (364').
C.	Funn submersed in 10' water depth approximately 40' drom curver shorteline (current shore elevation 2032). Distributed lines buried 4' was Do you already have any water rights or claims associated with this property or system? YES \(\square\$ NO PROVIDE DOCUMENTATION.
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: 2 Type of connection Park Model RV, Travel (Homes, Apartment, Recreational, etc.)
B.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Con	aplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the
-	Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION Omplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated:
B.	List total number of acres for other specified agricultural uses:
	UseAcres
	Use Acres Use Acres
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 6000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no:
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking

Park Comment

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☐ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

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Provide detailed driving instructions to the project site.

O From Newport Washington cross bridge over fend Oreille River into Oldtown Idaho. (Hishway Z)

(2) Turn ledt at end of bridge onto Leclerc Rd and follow Leclerc Rd for 8.8 miles North. Turn ledt off Leclerc Rd onto property \$7467 Leclerc Rd (Across from A-frame home on right of Leclerc Rd)

Section 10. REQUIRED MAP

Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

٨.	Does the applicant own the land on which the water will be used?	TYES INC
	If no, explain the applicant's interest in the place of use and provide the name(s) and add	ress(es) of the owner(s):

B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

PYES TINO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)

Date 8/22/06
Date

Same

Landowner for place of use (if same as applicant, write "same")

23-30259

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Explanation: Please provide the additional information requ	uested above and return your a (date).	pplication by
		pplication by

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To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

